

# Washington School for the Deaf High School Total Immersion Sign Language Program

## Registration Form

**Deadline for Registration and Payment is February 10th, 2007!**

For more information phone Kelly Perez at 360-696-6525 x4362 V/TTY or email Nikki Ekle at [nikki.ekle@wsd.wa.gov](mailto:nikki.ekle@wsd.wa.gov)

For payment arrangements phone Kay Pedisich at 360-696-6525 x0417 or via email at [kay.pedisich@wsd.wa.gov](mailto:kay.pedisich@wsd.wa.gov) or FAX to 360-418-0418.

*NO REFUNDS AFTER February 16, 2007 (see refund policy pg. 2)*

|  |               |   |              |
|--|---------------|---|--------------|
| <b>NAME</b>  | <b>GENDER</b> | <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> | <b>GRADE</b> |
| <b>PARENT(S) NAME</b>                                |               |   |              |
| <b>ADDRESS</b>                                       |               |   |              |
| <b>CITY, STATE, ZIP</b>                              |               |   |              |
| <b>PHONE/CELL</b>                                    | <b>EMAIL</b>  |   |              |
| <b>SCHOOL NAME/DISTRICT</b>                          |               |   |              |
| <b>ASL INSTRUCTOR</b>                                | <b>EMAIL</b>  |   |              |
| <b>ROOMMATE PREFERENCE (2 participants per room)</b> |               |   |              |
| <b>PLEASE INDICATE ANY DIETARY OR SPECIAL NEEDS</b>  |               |   |              |

**T-Shirt:**      ☐ Small      ☐ Medium      ☐ Large      ☐ X-Large      ☐ XX-Large      ☐ XXX-Large  
**ASL Skills:**    ☐ 0-1 years    ☐ 2 years      ☐ 3 years      ☐ 4 years

**Total Fee:**    ☐ \$100      ☐ \$5 (Roller-Skating)    **Total Included** \_\_\_\_\_

|                         |                        |
|-------------------------|------------------------|
| <b>CHAPERONE NAME</b>   | <b>SCHOOL DISTRICT</b> |
| <b>SCHOOL ADDRESS</b>   |                        |
| <b>CITY, STATE, ZIP</b> |                        |
| <b>PHONE/EMAIL</b>      |                        |

**Make check payable to: WSD/TISLP-HS**

**Send check and completed registration form to: Washington School for the Deaf High School Total Immersion  
611 Grand Blvd, Vancouver, Washington 98661**

**Attention School Districts! We will accept a purchase request with registrations!**

|                            |                   |
|----------------------------|-------------------|
| <b>FOR OFFICE USE ONLY</b> |                   |
| Total Enclosed _____       | Receipt No. _____ |

# Washington School for the Deaf High School Total Immersion Sign Language Program

## Agreement Form

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NAME

PARENT/GUARDIAN

**By signing this agreement, the participant and parent/guardian understands that:**

- A. Washington School for the Deaf will not take responsibility for personal and/or valuable items that are lost or stolen during the immersion weekend.
- B. There will be no alcohol, drugs or smoking on campus or while participating in any activity during the immersion weekend.
- C. The participant is expected to follow campus rules, and can be withdrawn by a Security Officer or WSD staff member at any time due to safety concerns.
- D. Chaperones are to supervise participants outside of workshops.
- E. Participant is responsible for transportation to and from WSD campus for the immersion weekend.
- F. No refunds will be given if participant voluntarily withdraws, or is removed by WSD staff for inappropriate

PARTICIPANT

DATE

PARENT/GUARDIAN

DATE

CHAPERONE

DATE

I, \_\_\_\_\_ parent/guardian permit a paramedic to take my child to the hospital if she/he is injured.

I understand that WSD will not administer medicine to my child. I will inform WSD if my child is on any medication for informational purposes only.

I give permission for my child, \_\_\_\_\_, to ride the WSD school bus/WSD state vehicles.

### Photo Release:

I [ ] **do** [ ] **do not** hereby give Washington School for the Deaf and its assigns, licensees, or legal representative the right to use my child's photograph in all forms of media and in all manners, including composite or other representations, for advertising, trade or other lawful purposes. *Washington School for the Deaf will make every attempt possible to send me a copy of the publication.*

Parent/Guardian

Date

### Field Trip:

I, \_\_\_\_\_ (parent/guardian), give permission for my child to ride in WSD state vehicles.

Parent/Guardian

Date